LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES
March 11, 2010

MEMBERS PRESENT	MEMBERS PRESENT (*cont.*)	PUBLIC (*cont.*)	OAPP/HIV EPI STAFF
Carla Bailey, *Co-Chair*	Karen Peterson	Susan Forrest	Kyle Baker
Anthony Braswell, *Co-Chair*	Jennifer Sayles	Aaron Fox	Wendy Garland
Everett Alexander	Stephen Simon	Elizabeth Gomez	Michael Green
Sergio Aviña	Robert Sotomayor	Tina Henderson	Jane Rohde
Al Ballesteros	Tonya Washington-Hendricks	Miki Jackson	Carlos Vega-Matos
Robert Butler	Kathy Watt	Thelma James	Amy Wohl
James Chud		David Kelly	Juhua Wu
Nettie DeAugustine		Ahbad Lopez	Dave Young
Whitney Engeran-Cordova	**MEMBERS ABSENT**	Meyerer Miller	
Douglas Frye	Carrie Broadus	Ingrid Montez	
David Giugni	Fredy Ceja	Joanne Oliver	**COMMISSION STAFF/CONSULTANTS**
Terry Goddard	Eric Daar	Joanna Ortega	
Jeffrey Goodman	Ted Liso	Danielle Pembroke	Julie Cross
Michael Johnson	Dean Page	Tania Rodriguez	Jane Nachazel
Lee Kochems	Fariba Younai	Raquel Sanchez	Glenda Pinney
Bradley Land		Joel Torrez	Doris Reed
Anna Long		Carla Tuff	James Stewart
Quentin O'Brien	**PUBLIC**	Brigitte Tweddell	Craig Vincent-Jones
Jenny O'Malley	Louis Carr	Jason Wise	Nicole Werner
Ron Osorio	Pamela Chiang	Maria Zepeda	
Angélica Palmeros	Jennifer Denning		
Mario Pérez	Miguel Fernandez		

1. **CALL TO ORDER**: Mr. Braswell called the meeting to order at 9:15 am.:
   A. **Roll Call** (**Present**): Alexander, Aviña, Ballesteros, Braswell, Chud, Frye, Giugni, Goodman, Johnson, Kochems, Land, Long, O'Malley, Pérez, Peterson, Sayles, Simon, Washington-Hendricks, Watt

2. **APPROVAL OF AGENDA**:
   MOTION 1: Approve the Agenda Order ***(Passed by Consensus)***.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION 2: Approve the minutes from the February 11, 2010 Commission on HIV meeting with revision to page 5, bullet 8 to reflect Ms. Washington-Hendricks recommended both printable CaseWatch screens and access to them across providers ***(Passed by Consensus)***.

4. CONSENT CALENDAR:
MOTION 3: Approve the Consent Calendar with Motions 4 and 6 pulled for later consideration ***(Passed by Consensus)***.

5. PARLIAMENTARY TRAINING: There was no report.

6. PUBLIC COMMENT, NON-AGENDIZED: Mr. Wise, Local Affairs Specialist, APLA, announced AIDSWatch, Washington, D.C., 4/26-28/2010. APLA is coordinating Southern California delegation visits with representatives. Mr. Goodman added AIDSWatch is organized nationally by the National Association of Persons With AIDS (NAPWA).

7. COMMISSION COMMENT, NON-AGENDIZED: There were no comments.

8. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There were no comments.

9. STANDING COMMITTEE REPORTS:

A. **Standards of Care (SOC) Committee**:

1. ***Medical Outpatient Standard of Care***:

- Mr. Vincent-Jones presented the revised standard with changes from the 2/11/2010 Commission meeting and the 3/4/2010 SOC Committee meeting. Public comment was open until the SOC meeting, but none was received.
- Revisions are as follows:
  Page 11, Medical Outpatient Visit, Parentheses: Struck "RN" as RNs are not authorized to do such visits.
  Page 17, Medical Evaluation and Clinical Care, Top Left Box: Made medical outpatient visit frequency requirements consistent with rest of the document and PHS guidelines.
  Page 20, Comprehensive Physical Exams, Top Boxes: Modified language to distinguish between "baseline" assessments and "re-assessments" with the latter more limited in scope and scheduled as needed.
  Page 23-25, Follow-Up Treatment Visits: Added requirement for family planning discussions to accompany contraception discussions and removed requirement for those and safer sex discussions at every medical visit.
  Page 25-26, Other Assessments: Removed six-month specialized assessment requirement and applied the following relevant frequency requirements: retained risk reduction and medical care coordination at six months; adherence at six months if not stable/adherent; ARV readiness as relevant prior to treatment; nutrition screening annually.
  Page 28-29, Drug Resistance Testing: Stipulated expectation that genotypic testing is done for all treatment naïve patients, consistent with current local standards, and added reference to DHHS Panel on *Anti-retroviral Guidelines for Adults and Adolescents, Recommendations for HIV Viral Load Testing*.
  Page 30, Medication Services: Removed medical outpatient provider requirement to provide patients non-ADAP and local formulary medications and replaced it with requirement to exercise every effort/due diligence to do so consistent with their ethical responsibilities. It was noted that previous language imposed an unfunded mandate to provide medications which could be cost prohibitive. New language emphasizes providers' ethical responsibility to secure client medication access if at all possible as verified by OAPP contract monitoring.
  Page 35, Standard Health Maintenance: Revised language to emphasize teaching patients to perform breast and testicular self-exams, but does not require patients do such exams consistent with national guidelines.
  Page 37, Clinical Trials: Replaced requirement that practitioners "discuss" participation in clinical trials with "provide information" about them as most providers do not know all clinical trial information.
  Page 40, Coordination of Specialty Care: Specified that two-week specialty report requirement pertains only to specialists "within the County-contracted system" as others cannot be held accountable to system requirements.
  Page 48-49, Patient Education: Modified language to clarify that treatment adherence counseling assessment is required at baseline with treatment adherence counseling at every visit unless patient is fully adherent.
- Dr. Sayles noted Ryan White funding is limited, although County Health Services offers additional access. The OAPP MO/S contract medication line item will continue as medications are not included in the fee-for-service rate.
- Ms. DeAugustine added smaller providers like City of Long Beach that do not have on-site pharmacies routinely collaborate with pharmaceutical companies, local pharmacies and other care systems to ensure patients receive needed medications.
- Mr. Engeran-Cordova noted providers with pharmacies like AHF often provide free or discounted medications if needed, but mandating direct provision of medications could render some providers bankrupt.
- A Spanish glossary for providers will be part of the Special Populations section of the full set of standards.
- Mr. Braswell reported Mr. Engeran-Cordova's suggestion to engage County Counsel to clarify the authority of Commission standards of care as the basis of service contracts was discussed at the Executive Committee. It was

determined action was not necessary at this time. Mr. Land added many factors were discussed like consequences and cost. He felt the Executive Committee has the responsibility to discuss such factors.

- Mr. Engeran-Cordova expressed concerns that members are sure when they are requesting binding action from the Executive Committee and staff, or when instructions are considered recommendations/suggestions. Mr. Vincent-Jones agreed clarity was important. Binding actions should either be in motion form or directives following discussion that represents the broad consensus of the Commission. He reiterated that the sole request was at the end of the discussion and not reviewed nor thoroughly vetted by the whole Commission. He had concerns with the instruction that he brought to Mr. Engeran-Cordova's attention a day later, and felt appropriate to raise those concerns to the Executive Committee. Since there was not timeline attached to the instruction, if the Executive Committee had instructed him to proceed with the action, he would have still been able to carry it out by the meeting.

➲ Mr. Vincent-Jones will review the Nutrition Support Standard of Care and report back regarding who can refer to a Registered Dietician (RD) to qualify a client for those Nutrition Support programs which require an RD referral. The MO Standard only addresses referral to Medical Nutrition Therapy pursuant to a Medical Nutrition screening.

➲ Additional revisions accepted during the Commission meeting:
Page 30-31, Medication Services: Replace "local formulary" with OAPP contracted line item to fund non-ADAP medications at the physician's discretion. The Medical Advisory Committee recommended contract line items, now funded at $500,000, over a local formulary so as not to limit the physician's discretion.
Page 31, Medication Services, Bottom Left Box: Typographical correction: "Can get" repeated twice.
MOTION 3A *(Land/Simon)*: Call the question ***(Passed by Consensus)***.
MOTION 4: Approve revisions to the Medical Outpatient/Specialty Standard of Care with revisions to pages 30 and 31 as noted ***(Passed: 22 Ayes; 0 Opposed; 1 Abstention)***.

2. ***Evaluation of Service Effectiveness***:
   - Mr. Vincent-Jones reviewed the four perspectives chosen for the basis of service effectiveness evaluation: customer perspective with a focus on consumer satisfaction; internal perspective with focuses on productivity, engagement and unmet need; financial perspective with a focus on efficiency; and innovation and learning/growth perspective with a focus on promising/best practices. The framework and indicators had been presented previously.
   - The current update identifies data to be collected. December 2009 was the original goal to complete the report. It has been rescheduled to coordinate provider data collection for the internal perspective with OAPP's contract monitoring which occurs annually from January through June. The new completion goal is August 2010.
   - He complimented OAPP for its close collaboration in identifying internal perspective indicators that are both appropriate and are either already available or being collected so as not to add an administrative burden. The goal is to move toward using the same indicators for service effectiveness and performance-based contract monitoring.
   - Customer perspective (consumer satisfaction) data is from LACHNA. Scores have already been incorporated.
   - The financial perspective is being addressed through the financial model which will accompany the service effectiveness report. The model will use OAPP financial data including data from CaseWatch.

   a. **Best/Promising Practices**:
      - Dr. Wohl presented on Best and Promising Practices to Improve Engagement/Retention and Reduce Costs/Hospitalization/Stigma in Primary Health Care, Mental Health or Oral Health Services for the innovation and learning/growth perspective. She and Ms. Garland developed data from literature reviews of PubMed peer-reviewed journal articles published in the last 12 years.
      - Of the papers, 16 focused on improving engagement/retention or reducing costs/hospitalization for primary HIV care; 2 focused on oral health engagement; and 3 focused on reducing mental health symptoms and reducing stigma associated with mental health service use.
      - The US Preventive Services Task Force system was used to rank evidence for effectiveness. Level I (Good) is from at least one properly designed randomized controlled trial. Level II (Fair) is from well-designed controlled trials without randomization, cohort or case-control studies (preferably multi-site), multiple-time series with or without the intervention, or dramatic results from uncontrolled trials. Level III (Poor) is opinions of respected authorities based on clinical experience, descriptive studies or reports of expert committees. Additional criteria used were whether the practice was evaluated and whether it was evaluated with PWH.
      - "Promising" Practices were defined as having Level II (Fair) or III (Poor) evidence with practices either not evaluated or not evaluated among PWH. Most point to the need for additional study.
      - There were 2 "Best" Practices defined as having Level I (Good) evidence and practices evaluated among PWH.
      - One was the ARTAS study done in Los Angeles County in which a case manager met with the newly diagnosed five or fewer times in the first 90 days after diagnosis to link the PWH to and retain the PWH in care. Those

served were more likely to report one or more HIV care visits at six months and two or more at 12 months. The practice was more effective with those engaged earlier and among Latinos more than with African-Americans.
- The other was the DAART OAPP/HIV Epidemiology collaborative study to address adherence and clinical outcomes. Patients in the intensive adherence case management arm of the study had significantly fewer hospital days compared to those in the standard of care arm. Patients in the DOT ARV arm were visited by a community worker five days a week and had more outpatient visits compared to the standard of care arm.
- The 14 Promising Practices offer additional paths for improving engagement/retention or cost and hospital reduction in HIV primary care that would benefit from further evaluation. Two studies, for example, signify-cantly improved visit attendance through phone or text reminders with the latter costing less
- Both oral health studies were Promising Practices. Both the New York State study and HRSA Action News-letter recommendations focused on better incorporating oral health care into primary HIV care, improving access and reducing barriers. The latter included no effectiveness data, but the New York study indicated an increase in referrals, oral health exams and annual oral health visits.
- Of the three mental health care Promising Practices, two were among PWH. A large national study emphasized multidisciplinary teams and client-centered practices to reduce barriers, but offered no effectiveness data. A small New York City study on co-location at an HIV outpatient clinic reported improved utilization with concurrent improved health and behavioral outcomes. A five-state study of homeless individuals indicated those with poor overall mental health were more likely to report stigma as the reason for not seeking such services.
- Dr. Wohl noted this review is limited to reported studies, so non-reported community practices are not included.
- Main Best Practices findings are: brief, intensive case management immediately after HIV diagnosis can improve engagement/utilization of HIV primary care; at least weekly community worker contact can improve HIV outpatient care attendance; weekly case manager contact can reduce hospital stay length and costs.
- Many similar Best and Promising Practices were identified across studies. Their main findings are: the value of collaboration between clinical and non-clinical staff like through multidisciplinary teams and service co-location; the value of non-clinical staff in engagement and retention practices like active outreach and addressing barriers through case managers; the value of strategies to improve appointment attendance like phone or text reminders, staff escort to clinics and transportation support.
- Dr. Wohl noted studies presented chose their samples differently though most were based on patient population at the site(s). Los Angeles County studies tend to focus on Latinos and African-Americans as they are the most heavily impacted populations. Dr. Frye said there is now an effort to focus on traditionally under-served groups.
- Mr. Vincent-Jones said this research will be used as a basis for evaluating innovation in the EMA. There is also discussion on preparing the research to be published.
- ➲ Several studies reported better results among Latinos than African-Americans. It is hypothesized that may be due to a preponderance of Latino bilingual Spanish/English-speaking staff, but it was agreed research into the issue is warranted.
- ➲ Per Dr. Frye's recommendation, further classify studies to indicate those that did present significant evaluation but were not among an HIV population so they might be prioritized for additional study.

3. ***Medical Care Coordination (MCC) TA***: There was no report.

B. **Priorities & Planning (P&P) Committee**:

1. ***FY 2011 P-and-A Setting Process***:

a. **HIV Epidemiology Profile**:

- Dr. Frye, Director, HIV Epidemiology Program, presented on the HIV/AIDS Semi-Annual Surveillance Summary, s part of the information which informs the P-and-A Setting Process.
- There is a move to designate AIDS as "Severe HIV Disease" to emphasize that HIV and AIDS are one disease, but most data is now reported under HIV or AIDS.
- There are 33.4 million estimated cases of AIDS worldwide as of 12/2008, over 1 million in the U.S. with 468,577 living, 153,901 in California with 67,505 living, and 56,091 in the County with 24,643 living.
- The apparent 2002-2003 spike in reported AIDS cases was due to a change to laboratory reporting which captured cases previously missed from smaller laboratories. Overall, AIDS diagnoses and deaths continue to decline since the advent of HAART. It takes two years for vital records to validate deaths, so those reports lag. The number of those living with the disease has increased as deaths have declined.
- AIDS cases remain about 89% male and 11% female. There is a distinction racially between AIDS diagnoses nationally and in the County AIDS with Whites declining nationally to 29% and Blacks increasing to 48% while, in the County, Whites have declined to 31% as Hispanics have increased to 43% and Blacks to 22%. Much of that distinction is due to the increase in the County's Hispanic population to nearly half.

- Overall, Black males have twice the AIDS diagnosis rate in the County as Whites, with black women at ten times the rate.
- There is also a distinction between national modes of transmission in which MSM has declined to 43% and heterosexual contact has increased to 32% while MSM transmissions have declined only to 71% in the County with heterosexual contact rising to 13%. Overall, nearly 90% of County male PWA were exposed through MSM or MSM/IDU while 70% of female PWA were exposed heterosexually and 24% through IDU.
- The age at AIDS diagnosis is increasing with 42% diagnosed at 40-49 and 39% at 50+. In 1984 only 11% were diagnosed at 50+, while it is now 17% for the newly diagnosed.
- Combined HIV and AIDS cases nationally are 73% male and 27% female. The County overall data is 88% male and 12% female, but varies by race with females accounting for 21% of Blacks, 19% of American Indian, 12% of Hispanics, 11% of Asians/Pacific Islanders and 6% of Whites.
- Overall, County combined HIV and AIDS rates are 39% Hispanic, 35% White, 22% Black, 3% Asian/Pacific Islander and less than 1% American Indian. Hispanic cases exceeded White cases in 2004-2005 while other races remained relatively stable. Rates per 100,000 population, however, reflect varying burdens within communities: 1,025 Black, 678 American Indian, 503 White, 349 Hispanic and 100 Asian/Pacific Islander.
- The aging of the population living with HIV and AIDS is reflected in 40% aged 40-49 and 32% aged 50+.
- No Reported Risk (NRR) for County PWH/A has risen from less than 10% in 1997 to 18% in 2007 probably due to cases in more stigmatized communities and more non-HIV specific providers. NRR is redistributed for final estimates of 72% MSM, 12% Heterosexual, 7% MSM/IDU, 7% IDU, and 2% other. This is starkly different by gender. Among males, 82% are MSM with another 8% MSM/IDU, 5% IDU and only 4% heterosexual. Among females, 68% are heterosexual, 24% IDU, 6% other and 1% undetermined.
- It is estimated there is one undiagnosed HIV case for each diagnosed AIDS case. Ryan White determines funding based on the current total of 24,650 reported living AIDS cases and 16,000 reported living HIV cases.
- There are 4,500 coded living HIV cases for which names have not been identified. HIV Epidemiology uses these with reported AIDS and HIV cases to develop statistics, but it is unlikely more will be identified by name to meet federal standards as the County is barred from retroactive reporting—which is allowed elsewhere, like in Long Beach. It is estimated 95% of these cases are not reflected in reported cases.
- Mr. Engeran-Cordova noted the Legislative Analyst Office (LAO) issued a report critical of State surveillance and estimating a loss of $3.5-6.5 million annually in Part B and federal penalties. The State Office of AIDS (OA) dismissed it estimating the State would switch to full names reporting in the FY 2012 cycle using 2010 data. HRSA is allowing a combination of code- and name-based reports until FY 2013, but with a 5% penalty. Dr. Frye noted the combined number is 9%-10% more, so the combined number offers a net gain of 4%-5%.
- Dr. Frye said the County and San Francisco are in a better situation than the State overall as they have their own eHARS systems which allow them to enter cases directly. Sacramento has a similar system. Other jurisdictions cannot report directly as the law prohibits electronic transfer of cases to the State.
- The LAO report also addresses unreported cases, many of which will not be accessible barring routine testing. San Francisco is best at identifying such cases by name largely due to its compact nature. The County is next best reporting over 40% of such cases, above the 35% goal.
- Other jurisdictions like San Diego, Santa Clara and Yolo County are in dire straits. They cannot access eHARS and instead send paper reports to OA to be entered. They also have difficulty obtaining data analysis from OA.
- Ms. DeAugustine, President, California Conference of Local AIDS Directors (CCLAD), said many jurisdictions have raised concerns to her about entering data and access to data. She raised the issues with OA, but was told it was not a problem.
- Dr. Frye added it takes longer to enter eHARS data, so delays will cause a backlog once entering begins. Also, the State surveillance budget is $1 million less this year and may well be reduced further.
- It is hoped new regulations will go through within the year, so electronic transfer will be permitted.
- Mr. Pérez said the County shoulders 40% of the State burden, so are most affected by poor OA public policy and health decisions. He felt the County should quickly respond to the consequences noted by the LAO report. He especially felt the OA statewide goal of 41,000 reported cases is well below the probable 120,000 actuality.

➲ Refer development of means to better estimate PWH/A monolingual Spanish speakers to P&P Committee.
MOTION 4A *(Land/Butler)*: Form Ad Hoc Committee to directly address the LAO report within the next 3 to 5 days under the aegis of the JPP Committee ***(Passed by Consensus)***.
MOTION 4B *(Land/Engeran-Cordova)*: Call emergency Commission meeting if the Ad Hoc Committee recommends action ***(Passed by Consensus)***.

C. **Joint Public Policy (JPP) Committee**:
- Mr. Engeran-Cordova noted the annual legislative review meeting will be 3/17/2010. HIV-related legislation is prioritized for eventual Commission vote and recommendation for inclusion in County legislative priorities.
- He cautioned all to be alert to potential economic threats. The South Carolina House of Representatives voted last week to cut their HHS budget from about $300 to under $20 million. All HIV prevention and the $2.4 million contribution to ADAP have been cut. No new ADAP clients will be accepted starting 3/15/2010. There was no warning of the cuts.

1. ***AIDS Drug Assistance Program (ADAP)***: Mr. Engeran-Cordova reported no substantial change at this time.
2. ***State Budget 2009/10 and 2010/11***:
   - Ms. Cross reported meetings are being scheduled, e.g., Senate hearings on cuts proposed to Medi-Cal in the Governor's Budget are scheduled for 4/15/2010.
   - Some federal job bills include aspects that benefit the State. The Senate, e.g., passed extension of Stimulus Package items including the COBRA subsidy which would ease pressure on programs like Care/HIPP and Medi-Cal/HIPP and the ETHMAP increase for Medi-Cal reimbursement payments which could be worth about $1.5 billion to the State. The package also delays the Medicare provider rate cuts of 20%. The package was subsequently going to the House.
3. ***Health Reform***: Ms. Cross reported the key message from the day's HIV National Work Group was to complete it.
4. ***Medi-Cal 1115 Waiver***:
   - Ms. Cross said the Waiver allows a state to revise its Medicaid to be more efficient for its needs, provided revisions are cost neutral. California has used the Waiver for several years to support Medi-Cal in managed care settings.
   - California's 1115 Waiver expires in September and is now being rewritten. A letter on the process was in the packet.

D. **Operations Committee**:
1. ***Member Nominations***:
   MOTION 5: Nominate Juan Rivera to the SPA 2 Provider representative and Lee Kochems to the SPA 8 Provider representative seats and forward to the Board of Supervisors for appointment ***(Passed as part of the Consent Calendar)***.

11. CO-CHAIRS' REPORT:

A. **Executive Committee At-Large Elections**:
MOTION 6: Elect Al Ballesteros to At-Large seat one on the Executive Committee ***(3 Aviña; 14 Ballesteros; 3 Daar; 3 Land; 0 Page)***.
MOTION 6A: Elect Bradley Land to At-Large seat two on the Executive Committee ***(3 Aviña; 2 Daar; 18 Land; 0 Page)***.
MOTION 6B: Elect Sergio Aviña to At-Large seat three on the Executive Committee ***(18 Aviña; 2 Daar; 3 Page)***.

12. EXECUTIVE DIRECTOR'S REPORT:
- Mr. Vincent-Jones thanked Doris Reed for her commitment to Commission service, noting she will retire 3/25/2010 after 34 years of County service.
- The Statement of Economic Interest, Form 700, is required by both the State and County. It was distributed electronically 3/8/2010 with links to the forms and is due 4/1/2010. There are fines for late submission. Contact Ms. Werner for questions.

13. STATE OFFICE OF AIDS (OA) REPORT: There was no report.

14. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:
- Mr. Pérez, Director, OAPP, reported neither the formula nor supplemental portion of the Part A award has been received.
- The Medical Outpatient RFP has been released. It will be due in April. He thanked the Commission for its work on it.
- ➲ OAPP will update responses to issues raised at the various "Meet the Grantees."

15. HIV EPIDEMIOLOGY PROGRAM REPORT: There was no additional report.

16. PREVENTION PLANNING COMMITTEE (PPC) REPORT:
- Mr. Giugni reported the 3/4/2010 meeting heard a colloquia on STI/HIV co-infection by STD Programs. It emphasized the increased risk of HIV infection for those with STIs and encouraged combined testing and treatment.
- Mr. Vincent-Jones presented on Commission on HIV roles and responsibilities.
- Appointment to UCHAPS was renewed for A.J. King, Terry Smith and Ms. Watt.
- The PPC scheduled a meeting for it to review OAPP's annual progress report to the CDC.

17. BENEFITS REPORT: There was no report.

18. CONSUMER CAUCUS REPORT: Mr. Johnson welcomed consumers and invited them to the meeting after the Commission.

19. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: There were no reports.

20. TASK FORCE REPORTS: There were no reports.

21. **SPA/DISTRICT REPORTS**: Ms. James, Executive Board Member, SPA 6, reported the 3/9/2010 meeting prioritized five issues based on the LA County Key Indicators Report: mental health, sexual reproductive health, nutrition, education and communicable diseases. The community is encouraged to participate. Questions can be directed to Sharon White.

22. **COMMISSION COMMENT**:

- Mr. Goodman reported the Center for AIDS Prevention entered into a consent decree with the Illinois Attorney General with penalties of $10,000+ and an activity ban. The group closed due to the decree's ripple effect, so he has dropped his complaint.
- Mr. Land reported new research indicates that HIV travels through and lives in bone marrow.
- Mr. Engeran-Cordova reported AHF's Testing Millions Campaign in 17 countries during 11-12/2009 tested some 4.2 million people with over 100,000 testing HIV+ and being linked into care. The Testing America Tour has completed 16 states and 2,100 tests. There have been few HIV+, but education is being emphasized especially at Southern, historically black colleges.
- Mr. Simon, AIDS Coordinator, City of Los Angeles, thanked all for their support of the AIDS Coordinator's Office. The City Council voted 3/2/2010 to keep the Department of Disability (DOD) as a stand-alone. The Mayor, Council and DOD Executive Director agreed 3/5/2010 to exempt the AIDS Coordinator's Office (ACO) from DOD cuts, which occurred 3/10/2010.

23. **ANNOUNCEMENTS**: There were no announcements.

24. **ADJOURNMENT**: Mr. Braswell adjourned the meeting at 1:30 pm in memory of Kathryn Bogart and long-term survivors like her, mother of Michael Lawless and roommate of Mark Farrin, who fell ill abruptly and passed away 3/8/2010; and Paul Serchia, HIV+ since 1991 and living with cancer since 2009, HIV activist including APLA communications manager, Saban Free Clinic communications associate, blogger and member of Positive Pedalers, who passed away 3/1/2010.

A. Roll Call (**Present)**: Alexander, Aviña, Bailey, Ballesteros, Braswell, Butler, Chud, DeAugustine, Engeran-Cordova, Frye, Giugni, Goodman, Johnson, Kochems, Land, Long, O'Brien, O'Malley, Pérez, Peterson, Sayles, Simon, Sotomayor, Washington-Hendricks, Watt

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order.	***Passed by Consensus***	**MOTION PASSED**
MOTION #2: Approve the minutes from the February 11, 2010 Commission on HIV meeting with revision to page 5, bullet 8 to reflect Ms. Washington-Hendricks recommended both printable CaseWatch screens and access to them across providers.	***Passed by Consensus***	**MOTION PASSED**
MOTION #3: Approve the Consent Calendar with Motions 4 and 5 pulled for later consideration.	***Passed by Consensus***	**MOTION PASSED**
MOTION #3A *(Land/Simon)*: Call the question.	***Passed by Consensus***	**MOTION PASSED**
MOTION #4: Approve revisions to the Medical Outpatient/Specialty Standard of Care with revisions to pages 30 and 31 as noted.	***Ayes:*** Alexander, Aviña, Ballesteros, Braswell, Chud, DeAugustine, Engeran-Cordova, Giugni, Goodman, Johnson, Kochems, Land, Long, O'Brien, O'Malley, Palmeros, Peterson, Sayles, Simon, Sotomayor, Washington-Hendricks, Watt ***Opposed:*** None ***Abstention:*** Butler	**MOTION PASSED** **Ayes**: 22 **Opposed**: 0 **Abstention**: 1
MOTION #4A *(Land/Butler)*: Form Ad Hoc Committee to directly address the LAO report within the next 3 to 5 days under the aegis of the JPP Committee.	***Passed by Consensus***	**MOTION PASSED**
MOTION #4B *(Land/Engeran-Cordova)*: Call emergency Commission meeting if the Ad Hoc Committee recommends action.	***Passed by Consensus***	**MOTION PASSED**
MOTION #5: Nominate Juan Rivera to the SPA 2 Provider representative and Lee Kochems to the SPA 8 Provider representative seats and forward to the Board of Supervisors for appointment.	***Passed as part of the Consent Calendar***	**MOTION PASSED**
MOTION #6: Elect Al Ballesteros to At-Large seat one on the Executive Committee.	***Aviña:*** Butler, Chud, O'Malley ***Ballesteros:*** Aviña, Bailey, DeAugustine, Engeran-Cordova, Giugni, Johnson, Land, Long, Peterson, Sayles, Simon, Sotomayor, Washington-Hendricks, Watt ***Daar:*** Ballesteros, Braswell, Kochems ***Land:*** Alexander, Goodman, O'Brien ***Page:*** None	**MOTION PASSED** **Aviña**: 3 **Ballesteros**: 14 **Daar**: 3 **Land**: 3 **Page**: 0
MOTION #6A: Elect Bradley Land to At-Large seat two on the Executive Committee.	***Aviña:*** Butler, Sayles, Simon ***Daar:*** Braswell, Giugni ***Land:*** Alexander, Aviña, Bailey, Ballesteros, Chud, DeAugustine, Engeran-Cordova, Goodman, Johnson, Kochems, Land, Long, O'Brien, O'Malley, Peterson, Sotomayor, Washington-Hendricks, Watt ***Page:*** None	**MOTION PASSED** **Aviña**: 3 **Daar**: 2 **Land**: 18 **Page**: 0
MOTION #6B: Elect Sergio Aviña to At-Large seat three on the Executive Committee.	***Aviña:*** Bailey, Ballesteros, Butler, Chud, DeAugustine, Engeran-Cordova, Giugni, Goodman, Johnson, Kochems, Land, Long, O'Brien, O'Malley, Peterson, Sayles, Sotomayor, Watt ***Daar:*** Braswell, Washington-Hendricks ***Page:*** Alexander, Aviña, Simon	**MOTION PASSED** **Aviña**: 18 **Daar**: 2 **Page**: 3